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Bib Data Sheet

CONFIRMATION NO. 2406

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/734,562	12/12/2003	606	3773	USGINZ02512
RULE				

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/672,375 09/25/2003 PAT 7,416,554 which claims benefit of 60/500,627 09/05/2003

This application 10/734,562  
 is a CIP of 10/612,170 07/01/2003  
 which claims benefit of 60/433,065 12/11/2002

This application 10/734,562  
 is a CIP of 10/639,162 08/11/2003 PAT 7,618,426  
 which claims benefit of 60/433,065 12/11/2002

This application 10/734,562  
 is a CIP of 10/173,203 06/13/2002 PAT 7,128,708  
 and is a CIP of 10/458,060 06/09/2003 ABN  
 which is a CIP of 10/346,709 01/15/2003 PAT 7,637,905  
 and is a CIP of 60/471,893 05/19/2003

This application 10/734,562  
 is a CIP of 10/288,619 11/04/2002 PAT 7,160,312  
 which is a CIP of 09/746,579 12/20/2000 PAT 6,991,643  
 and is a CIP of 10/188,509 07/03/2002 PAT 7,186,262  
 which is a CIP of 09/898,726 07/03/2001 PAT 6,626,899  
 which is a CIP of 09/602,436 06/23/2000 PAT 6,669,687  
 which claims benefit of 60/141,077 06/25/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/22/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 42	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

40518

## TITLE

## APPARATUS AND METHODS FOR FORMING AND SECURING GASTROINTESTINAL TISSUE FOLDS

<b>FILING FEE RECEIVED</b> 1140	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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